



## New Jersey Department of Children and Families Policy Manual

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|-------------|------|--|-----------------|
| Manual:     | CP&P | Child Protection and Permanency  | Effective Date: |
| Volume:     | X    | Forms  |                 |
| Chapter:    | A    | Forms  | 4-19-2010       |
| Subchapter: | 1    | Forms  |                 |
| Issuance:   | 5.50 | <b>CP&amp;P Form 5-50, Health Care Provider Information Request Letter</b> |                 |

Click [here](#) to view or print the CP&P Form [5-50](#), Health Care Provider Information Request Letter.

### PURPOSE AND USE

The Health Care Provider Information Request Letter may be used to request basic health (medical/dental) information about a child under CP&P supervision when it is necessary to case assessment/planning. Use of the letter is not mandatory.

### INSTRUCTIONS FOR COMPLETING THE FORM

Print this form using Local Office letterhead. The child's name and date of birth, and the Case Manager's name and telephone number are inserted by the Case Manager. The CP&P Form [5-50](#) is sent to the child's health specialist for completion. Included with the form is a signed Authorization for Release of Information, CP&P Form [26-15](#), and a stamped addressed envelope for the form's return. The returned, completed CP&P Form [5-50](#) is filed in the child's case record after it has been reviewed.

### DISTRIBUTION

|          |   |                      |
|----------|---|----------------------|
| Original | - | Health Care Provider |
| Copy     | - | Child's Case Record  |